

FILED NOV 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37467

BIRTH NO. _____		REG. DIST. NO. <u>186</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>506</u>	
1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Joplin</b> <u>0495</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>D.O.A. St. Johns Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>702 Glenview</b>			
3. NAME OF DECEASED (Type or Print) <b>Winston</b>		a. (First) <b>H.</b>		c. (Last) <b>SPURGEON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 11, 1900</b>		9. AGE (In years last birthday) <b>50</b>	10. IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Car Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>		11. BIRTHPLACE (State or foreign country) <b>Joplin, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>J.H. Spurgeon</b>		13b. MOTHER'S MAIDEN NAME <b>Fannie Gallentine</b>		14. NAME OF HUSBAND OR WIFE <b>Eleanor Spurgeon</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-01-5448</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Spurgeon</b> ADDRESS <b>123 N. Pearl Joplin, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  4/20/				INTERVAL BETWEEN ONSET AND DEATH <b>4 HOURS</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>Nov 6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 15</u> , 19 <u>50</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert Spurgeon</b> (Degree or title) <b>0</b>				23b. ADDRESS <b>2001 Bldg. Joplin, Mo.</b>		23c. DATE SIGNED <b>11-9-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 7, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Webb City Missouri</b>	
DATE REC'D BY LOCAL REG. <b>11-9-50</b>		REGISTRAR'S SIGNATURE <b>James H. Spurgeon</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thornhill-Dillon Mbrt.</b>		ADDRESS <b>Joplin, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-14-50  
Jasper County Health Office  
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Date Filed 11-14-50

APR 25 1951

JUN 18 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Charles E. Frey  
Licensed Embalmer No. 47068  
P. O. Address Joplin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)  
If this body is not embalmed, fact should be so stated above.